

Program name \_\_\_\_\_ Program dates \_\_\_\_\_

**Princeton-Blairstown Center**  
**158 Millbrook Road Blairstown, NJ 07825**  
**(908) 362-6765 Fax (908) 362-7699**

### Health Information Form

**Participant name** \_\_\_\_\_  M  F Birth date \_\_\_\_\_ Age \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Custodial parent/guardian** \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

**Second parent/guardian** \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

**If parents/guardian not available in an emergency, notify** \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Business/cell \_\_\_\_\_

**Insurance information** Is the participant covered by family medical insurance?  Yes  No

If so, indicate plan name \_\_\_\_\_

Group/Policy # \_\_\_\_\_ Subscriber ID \_\_\_\_\_

**Photocopy of front and back of health insurance card must be attached to this form.**

***Both boxes must be signed in order for participant to attend.***

*This health history is correct and I've completed all questions, sections, and pages as far as I know.*  
The participant named has permission to engage in all the center activities except as noted.

I give permission to the medical personnel selected by the center to provide routine health care, administration of prescribed medications, and the following over-the-counter medications: Benadryl (or similar); hydrocortisone cream; triple antibiotic ointment; Pepto-Bismol (or similar); Tylenol (or similar); and Motrin (or similar). I also give permission for the administration of epinephrine in the event of a severe allergic reaction or asthma attack. Circle any medications you do NOT authorize the staff to administer.

In the event I cannot be reached in an emergency, I give permission for the physician selected by the center to secure and administer treatment, including hospitalization, for the participant.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. This completed form may be photocopied for trips out of the center.

The participant may be released to the person designated as an emergency contact.

**Signature of parent/guardian or adult participant** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand and agree to comply with any restrictions placed on my participation in the center activities.

**Signature of youth or adult participant** \_\_\_\_\_

Program name \_\_\_\_\_ Program dates \_\_\_\_\_

**PARTICIPANT NAME:** \_\_\_\_\_

## Health History

**ALLERGIES** (List all known)  
**To Medication**

Describe reaction and management of reaction  
(Do any meds need to be refrigerated)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**To Food**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To Other**

(Include iodine, shellfish, insect stings, pollen, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## RESTRICTIONS

**Dietary** (describe)

\_\_\_\_\_

**Activity** (what cannot be done, what adaptations or limitations are necessary)

\_\_\_\_\_

## MEDICATIONS BEING TAKEN

Please list ALL medications taken routinely (including over-the-counter or herbal remedies). Bring enough medication to last the entire time at the Center. Keep medicine in the original packaging or bottle that identifies the prescribing doctor (if a prescription drug), the name of the medication, the dosage, and how often the medication is to be given.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Please attach additional pages for more medications.

Identify any medication taken during the school year that participant does not take during the summer.

\_\_\_\_\_